

REQUEST FOR APPLICATIONS

ARKANSAS TOBACCO SETTLEMENT COMMISSION COMMUNITY GRANTS: OPTIMIZING THE HEALTH OF ARKANSANS



DEADLINES:

**LETTER OF INTENT TO APPLY
FRIDAY, JANUARY 30, 2004**

**GRANT APPLICATIONS DUE:
No later than 4:00 p.m., FRIDAY, MARCH 19, 2004**

**Mail applications to:
Attn: Chiquita Munir, Executive Director
Arkansas Tobacco Settlement Commission
101 East Capitol Avenue, Suite 460
Little Rock, Arkansas 72201
(501) 683-0074
(501) 683-0078 fax**

Arkansas Tobacco Settlement Commission

Chiquita Munir, Executive Director

**Bill Lefler, D.D.S.,
F.A.C.P.**

Chairman, Arkansas Tobacco
Settlement Commission
Major General USA (RET)

John Ahlen, Ph.D.

Director, Arkansas Science
& Technology Authority

Omar Atiq, M.D.

Director, AR Cancer Institute

Susan Barrett

President and CEO,
St. Mary's Hospital

Fay Boozman, M.D., M.P.H.

Director, Arkansas
Department of Health

Anthony Fletcher, M.D.

Cardiologist, Cardiology and
Medicine Clinic

Linda Beene, Ed.D.

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Department of Higher
Education

Kurt Knickrehm

Director, Arkansas
Department of Human
Services

Tom Courtway

Interim Director, Arkansas
Department of Education

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ARKANSAS TOBACCO SETTLEMENT COMMISSION

BACKGROUND ON THE STATE LEGISLATION AUTHORIZING COMMUNITY GRANTS PROGRAM

Section 17(I) of the Tobacco Settlement Proceeds Act states if the deposits into the Arkansas Tobacco Settlement Commission (ATSC) fund exceed the amount necessary to pay the costs and expenses described in Sub-section (h) of this Section, then the ATSC is authorized to make grants based on the following principles: improving and optimizing the health of Arkansans, long-term projects that improve the health of Arkansans, tobacco-related illness and health care costs should be minimized through this opportunity, and invested in solutions that work effectively and efficiently in Arkansas. The Arkansas Tobacco Settlement Community Grants Program uses funds made available by the Arkansas Tobacco Settlement Proceeds Act through the Master Tobacco Settlement Agreement for the purpose of funding new innovative or existing programs and/or non-profit organizations that may ultimately improve health or provide better access to Arkansans throughout the State of Arkansas.

The Arkansas Tobacco Settlement Commission is issuing this call for applications in anticipation of the receipt of approximately \$600,000 in state funds through the interest earned on the Century Trust Fund. Current year funds allocated to Grants are awarded on the merit of the organization's potential impact of the above mentioned principles. **NOTE:** All awards will be made contingent upon official notification to the Arkansas Tobacco Settlement Commission by the Arkansas Department of Finance & Administration of the amount available for such grants.

ELIGIBLE APPLICANTS

Organizations eligible for grants are community-based and/or non-profit, which may include agencies of city, county, state, or federal government and duly incorporated private/non-profit agencies can apply for these funds if access to the project by the general public is provided throughout the life of the project.

CURRENT GRANTEES

Current and past grant awardees, that are otherwise eligible, may apply for 2004-05 funds. However, no special consideration will be given to previous grantees.

APPLICATIONS

Arkansas Tobacco Settlement Community Grants Program application is designed so that it can be prepared locally. Outside assistance may be used if the applicant wishes. Applications must be typed or printed and the project narrative section must not exceed 10 pages. The applicant must answer all the questions on the ATSC Community Grant application forms. Applications must include a detailed work plan with a timeline for all projects/programs. If agencies of city, county, state, or federal government and duly incorporated private/non-profit agencies apply, then the application for funding must be signed and submitted by an authorized official. All applicants are asked to provide the ATSC with a written description of the proposed program and/or project and a complete project budget. Any non-profit organization must include a copy of the 501(c)(3) IRS designation and the most recent audit (if available). **Applications that do not contain all the required information will not be considered.**

GUIDELINES FOR ADMINISTRATION OF GRANTS

Funds are available for the ATSC Community Grants Program. The maximum amount to be awarded for each project is \$25,000. The awarded projects will be issued grant funds from May 1, 2004 through June 30, 2004. Programs and/or project period begins July 1, 2004 and ends on June 30, 2005. (Note that for this program there will be no future years; the project duration is 12 months only.) Grantees must submit interim narrative and financial reports after completion of six months of the grant period. Grantees also must submit a final narrative report and a final financial report at the end of the grant period or upon completion of the project.

APPLICATION PROCEDURES

Collate the application and number all pages in the following order:

1. Application. Complete and sign the cover sheet form provided in Appendix A. Applications must be submitted by community-based or non-profit organizations, which may include city, county, state or federal governments. To ensure compliance with local administrative procedures, all applications must be signed by an authorized official.

2. Table of Contents. Include a table of contents page after the cover page. All pages of the application must be numbered with one exception—the audit report. The audit report should be listed on your table of contents as the last item of the supplementary information but does not have to be page numbered with the rest of the application.

3. Abstract. Using the form in Appendix B, prepare a summary of the proposed project. Include the program objectives, a statement of the methods to be employed, and a statement of the significance and projected impact on the local community in which the funding will be used.

4. Project Narrative. Double-space, single-sided on plain bond paper and **not exceeding 10 pages**. Font sizes smaller than 10-point, reduction of size by photocopying, or substituting space-and-a-half for double spacing to circumvent the limitation on the number of pages may cause the application to be rejected. Recommended font size is 12-point. All major subject headings must be underlined and/or highlighted. The project narrative must address the following items..

A. Organization Information (10 points)

1. Describe your organization, including a brief history, current programs, activities and accomplishments.
2. Provide your organization's mission statement, goals and objectives.

B. Program Description: (40 points)

1. In detail, please describe the program and its demonstrated need.
2. Define the goals and objectives of the project.
3. Explain how your project will meet one or more of the following funding priorities.
 - a) to improve and optimize the health of Arkansans: example, programs with the mission to minimize preventable illness and premature death (purchase of medical equipment), or provides health care to medically indigent (low income health care facilities);

- b) long-term projects that improve the health of Arkansans: example, opportunities for education (tobacco prevention education programs);
 - c) future tobacco-related illness and health care costs in Arkansas should be minimized through this opportunity: example, programs that encourage people to adopt healthier behaviors;
 - d) solutions that work effectively and efficiently in Arkansas: example, existing programs that have consistently excelled at increasing a healthier and more productive citizenry.
4. Identify the geographic area and population your project will serve and provide data or evidence to show how these citizens will benefit from your project.
 5. Describe how you will implement the program of work for your project. If you are in a partnership, identify the participating communities/organizations and define their roles in the project.
 6. Describe how your project will be sustained beyond the life of this grant.
 7. Describe how proposed services/project(s) improve access to services for individuals without a source of payment.
 8. Identify new and/or expanded services provided by this project.

C. Scope of Work Statement (20 points)

1. Describe how project activities will address the demonstrated need.
2. Provide a list of activities with a time frame for each activity.
3. Identify the scope of work for each activity listed and provide the name of the project representative for the term of the proposed project.
4. Clearly describe how the activities relate to the demonstrated need stated and coincides with the budget amount requested.

D. Project Feasibility (20 points)

Be sure that your project narrative addresses the following feasibility questions:

1. Is this project an effective solution to the stated problem?
2. Does the application demonstrate that the applicant has the capacity to accomplish the proposed project?
3. Is the implementation timetable reasonable?
4. Can the proposed project be accomplished within the resources requested/available?

E. Evaluation—Final Report Plan (15 points)

1. Explain the evaluation process providing examples of how the activities will be monitored for outcomes assessment.
2. Define the long-term impact of the project.
3. Provide information regarding possible continuation of the project after the grant period ends.

5. Attachments/Supplementary Information. After the narrative, include the following documents in this order:

- a. Budget Proposal and Breakout. Prepare the budget summary form. Guidelines for the budget summary form are provided in Appendix C. **Also**, include a narrative budget summary showing how the amount for each line item was determined, and identify the sources of

matching/supplementary funding. *No cash match will be required.* Collate the application so that the budget form and narrative budget summary are on consecutive pages.

- b. Action Plan. Attach one copy of an Action Plan for the project. (see Appendix E)
- c. Letters of Support.
- d. Certificate of Assurances. Attach one copy of the assurances in Appendix D signed by an official representing the institution/organization applying for the grant.
- e. Proof of 501(c)(3) IRS designation (if applicable).
- f. Audit Report. Enclose **one copy** of the institution's most recent audit report with the **original** application (if available). The audit report does not have to be page numbered or be included in the additional copies submitted.

APPLICATION REVIEW PROCESS

Following ATSC staff review for eligibility and compliance with application requirements, an external review committee of authorities will evaluate applications using the grading system from Appendix G. Based on this evaluation, grant awards will be determined by the Arkansas Tobacco Settlement Commission upon recommendations by the review committee. Diversity is a guiding principle of this initiative. The program seeks applications from urban and rural areas across Arkansas, and from projects that serve an array of racial and ethnic groups.

The Arkansas Tobacco Settlement Commission awards all grants on a competitive basis. All applications will be reviewed and rated quantitatively and qualitatively by a review panel to be chosen by the staff of the Arkansas Tobacco Settlement Commission. The panel may consist of representatives from the Arkansas Departments of Education, Health, and Human Services, professional organizations and industries in Arkansas. The application is the only information available to the review panel.

APPLICATION DEADLINE, ANNOUNCEMENT OF AWARDS

SUBMIT A LETTER OF INTENT TO APPLY by Friday, January 30, 2004, using the enclosed form found in Appendix F. The letter of intent is **mandatory** and must include a one-page summary of your proposed idea for the grant application and a list of the anticipated partners.

An original and three (3) copies of the completed application form, abstract, narrative, and all attachments **must be received** by the Arkansas Tobacco Settlement Commission **no later than 4:00 p.m. on Friday, March 19, 2004**. Any application not received by that day and time will **not** be considered. In addition, incomplete applications, applications not within the appropriate timeframe, and applications from ineligible agencies will not be reviewed. Announcement of grants to be awarded is expected by May 1, 2004 subject to availability funds.

Questions regarding the Arkansas Tobacco Settlement Commission's Community Grants: Optimizing the Health of Arkansans Request for Applications application process should be directed to Chiquita Munir (501) 683-0074, FAX: (501)683-0078, E-mail: chiquita.munir@mail.state.ar.us

No cash match will be required to be eligible for this grant program. The grantee must bear all expenses incurred over and beyond the grant amount.

APPENDICES

- A. Cover Page Form
- B. Abstract Form
- C. Instructions for Proposed Budget Summary and Budget Summary Form
- D. Certificate of Assurances
- E. Action Plan and/or Schedule of Activities
- F. Letter of Intent to Submit a Application
- G. Review Panel Rubric
- H. Application Checklist

APPENDIX A. COVER PAGE
Arkansas Tobacco Settlement Commission - FY2004

1. PROJECT TITLE: _____		GRANT NO. For ATSC use only	
2. LEGAL APPLICANT/RECIPIENT			
a. Applicant/Community Name: _____			
b. Street/P.O. Box: _____		c. City: _____	
d. County: _____		e. State: _____ f. Zip Code: _____	
g. PROJECT DIRECTOR(S) Name(s): _____			
h. Email: _____		i. Department: _____	
j. Telephone: _____		k. Fax: _____	
3. NAME(S) OF COLLABORATING COMMUNITIES AND/OR BUSINESSES			
4. ESTIMATED NUMBER OF PARTICIPANTS:			
5. PROPOSED FUNDING		5a. PROJECT START	5b. PROJECT END DATE
a. Grant Request	\$ _____	July 1, 2004	June 30, 2005
b. Applicant Match (<i>not required</i>)	\$ _____		
c. Cooperating Communities/ Businesses Match (<i>not required</i>)	\$ _____		
d. Other	\$ _____		
e. TOTAL	\$ _____		
6. PROJECT DIRECTOR			
	NAME (Print): _____	TITLE: _____	
	SIGNATURE: _____	DATE: _____	
7. AUTHORITY RESPONSIBLE FOR GRANT			
	NAME (Print): _____	TITLE: _____	
	SIGNATURE: _____	DATE: _____	
8. APPLICANT SURVEY (please circle the response)			
a. Have you applied for funding from the Arkansas Tobacco Settlement Commission before? YES or NO			
b. If yes, did you receive funding from the Arkansas Tobacco Settlement Commission? YES or NO			
c. If you received previous funding, was it for this particular project? YES or NO			
d. Is your current application a request for continuation of a project previously funded by the Arkansas Tobacco Settlement Commission? YES or NO			
For ATSC Use Only			
9. ACTION TAKEN	10. FUNDING		11. REMARKS
a. Awarded _____	a. Grant Award	\$ _____	
b. Rejected _____	b. Applicant Match	\$ _____	
c. Return for amendment _____	c. Cooperating Communities/ Businesses Match	\$ _____	
d. Withdrawn _____	d. Other	\$ _____	
	e. TOTAL	\$ _____	

APPENDIX B. PROJECT ABSTRACT

Arkansas Tobacco Settlement Commission Grant Competition - FY2004
Tobacco Settlement Commission Community Grants: Optimizing the Health of Arkansans

Please type. **Complete all items.**

PROJECT TITLE:

APPLICANT/COMMUNITY NAME:

PROJECT DIRECTOR(S):

OTHER PARTICIPATING ORGANIZATIONS/BUSINESSES:

PROJECT RATIONALE (Brief statement of assessed needs):

GOALS (Statement of specific objectives for project/program):

GENERAL PROGRAM DESCRIPTION (ABSTRACT) which will be shared publicly:

APPENDIX C. INSTRUCTIONS FOR PROPOSED BUDGET SUMMARY

1. Personnel
Item (1) List individually all key personnel, the requested person-months to be funded, and the rate of pay. Do not enter fees and expenses for consultants. Enter consultant fees in item 5.

Item (2) List individually all support personnel by name or support category, the requested person-months to be funded, and the rate of pay. Do not enter fees and expenses for consultants.
2. Participant Costs Includes fees, materials, participant travel-mileage
Enter all participant costs as the product of number of participants multiplied by per item cost.

Total Participant Costs Enter the sum of all lines under Item 2.
3. Other Travel
Items A and B Enter all travel necessary for project personnel.
4. Supplies Enter the costs of expendable supplies necessary to conduct activity.
5. Other Enter any other costs essential to the proposed activity.
6. Total Direct Costs Enter the sum of Items 1 through 5.

The budget summary must be endorsed by the project director and the appropriate authorized official.

PLEASE NOTE: A detailed budget narrative with an explanation of each budget line item is required and should be included in the application directly after the proposed budget summary form.

PROPOSED BUDGET SUMMARY FORM

Arkansas Tobacco Settlement Commission Grant Competition - FY2004 Tobacco Settlement Commission Community Grants: Optimizing the Health of Arkansans

Agency Use Only: Application Number _____ Grant Number _____						
ORGANIZATION:						
PROJECT DIRECTOR(S):				Grant Funds	Matching Funds (Not Required)	For Agency Use Only
1. Personnel (list separately with name and title)						
(1) Key Personnel - Administration		Per Calendar Year				
A. Salaries (including follow-up)						
i.						
ii.						
(2) Support Personnel (Clerical, Trainers)						
A. Salaries						
i.						
ii.						
TOTAL PERSONNEL COST						
2. PARTICIPANT COSTS						
A..						
B.						
C.						
D.						
E.						
TOTAL PARTICIPANT COSTS						
3. TRAVEL (mileage)						
A. Travel-Mileage						
B.						
4. SUPPLIES (Provide narrative detail)						
A. Materials						
B.						
5. OTHER (provide narrative)						
A. Printing/Postage/Telephone						
B. Equipment						
C.						
6. TOTAL DIRECT COSTS (SUM OF ITEMS 1-5)						
PROJECT DIRECTOR(S)	TYPED NAME AND TITLE			SIGNATURE		DATE
AUTHORIZED OFFICIAL	TYPED NAME AND TITLE			SIGNATURE		DATE

APPENDIX D. CERTIFICATE OF ASSURANCES

I, _____, the authorized official of

(Organization Name)

hereby certify that the information contained in this application and attached documentation is true and correct to the best of my knowledge. I understand that this application will be rated on the basis of the information submitted and that the submission of incorrect data can result in this application being withdrawn from consideration for funding.

This organization also provides assurances to the Arkansas Tobacco Settlement Commission that if this organization receives a grant under the terms of the Tobacco Proceeds Act, it will:

- keep all records necessary for fiscal and program auditing for a period of five years and give the Arkansas Tobacco Settlement Commission, sponsoring agency or the State Auditor, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant;
- comply with Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d), as amended, prohibiting employment discrimination where discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity; comply with the Age Discrimination in Employment Act of 1975 as amended, 42 U.S.C. 6101 et seq, and the Americans with Disabilities Act of 1973 as amended, 29 U.S.C. 794;
- certify that the organization sponsoring the grant project provides now, and will continue to provide for the duration of the grant, a smoke-free, drug-free workplace (*i.e.*, a site for the performance of work done in connection with a specific grant at which employees of the grantee are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance) and will otherwise comply with the requirements of the federal Drug-Free Workplace Act of 1988.

Signature

Date

APPENDIX E. ACTION PLAN AND/OR SCHEDULE OF ACTIVITIES

Objectives, Indicators of Success (Expected Outcomes), Timelines, and Responsible Parties (This chart must be submitted with your grant request as an appendix.)

Objective(s):

Activity	Expected Outcome(s)	Responsible Party	Timeline	Measured Accomplishments (at end of project)

APPENDIX F: LETTER OF INTENT TO APPLY

Tobacco Settlement Commission Community Grants FY2004

Intent to Submit Application

The Arkansas Tobacco Settlement Commission will use an outside peer review process to evaluate the applications and to identify applications to be recommended for an award. The quality of that process will depend on the Commission's ability to secure an appropriate number of reviewers with space for them to work. The Commission's ability to do this will depend upon advance knowledge of the approximate number of applications it will receive.

If your organization intends to apply for funding from the Arkansas Tobacco Settlement Commission Community Grants Program, we ask that you provide the Commission the following information:

Name of Applicant: _____

Contact Person: _____

Address: _____

Telephone: _____

E-mail: _____

Category of Grant: (Please check one)

_____ Health _____ Education

_____ Social Services _____ Equipment

_____ Other (specify _____)

**NOTE: Please attach
a one-page summary
of your grant
application idea.**

Please list potential partners in the partnership.

Please return this form on or before Friday, January 30, 2004 to:

Chiquita Munir
Community Grants Competition
Arkansas Tobacco Settlement Commission
101 East Capitol Avenue, Suite 460
Little Rock, AR 72201

The Letter of Intent may be sent by fax to 501-683-0078.

The Commission requests this information solely to help it prepare for the peer review process. It will not be used in the peer review of your application. If you inform the Commission of your intent to apply but subsequently decide not to do so, please notify the Commission accordingly.

APPENDIX G. REVIEW PANEL RUBRIC

APPLICANT/COMMUNITY NAME: _____
APPLICATION TITLE: _____ **APPLICATION #** _____

TOBACCO SETTLEMENT COMMISSION COMMUNITY GRANTS:
 Optimizing the Health of Arkansans
ARKANSAS TOBACCO SETTLEMENT COMMISSION
EVALUATION OF GRANT APPLICATIONS – FY 2004

	1=POOR	3=AVERAGE	5=SUPERIOR		
	1	2	3	4	5
A. ORGANIZATIONAL INFORMATION (10 POINTS)					
1. Described organization, including a brief history, current programs, activities, and accomplishments.					
2. Provided organization's mission statement, goals and objectives.					
B. PROGRAM DESCRIPTION (40 POINTS)					
1. Described the program and its demonstrated need.					
2. Defined the goals and objectives of the program.					
3. Explained how the program will meet one or more of the funding priorities approved by the Arkansas Tobacco Settlement Commission.					
4. Identified the geographic area and population the program will serve and included data or evidence to show how citizens will benefit from the program.					
5. Described how their organization will implement the program of work and identified partnerships, including defining partnership roles in the project.					
6. Described how the project will be sustained beyond the life of this grant.					
7. Described how proposed services/projects improve access to services for individuals without a source of payment.					
8. Proposed project provides new and/or expanded services.					
C. SCOPE OF WORK STATEMENT (20 POINTS)					
1. Activities described address the demonstrated need.					
2. List of activities included with time frames for each activity.					
3. Scope of work included providing the name of the project representative for the term of the proposed project.					
4. Activities relate clearly to the demonstrated need stated and the budgeted amount requested.					
D. PROJECT FEASIBILITY (20 POINTS)					
1. Is this project an effective solution to the stated problem?					
2. Does the application demonstrate that the applicant has the capacity to accomplish the proposed project?					
3. Is the implementation timetable reasonable?					
4. Can the proposed project be accomplished within the resources requested/available?					
E. EVALUATION--FINAL REPORT PLAN (15 POINTS)					
1. Will the final report demonstrate that the applicant has addressed the problem and objectives?					
2. Defined long-term impact of the project.					
3. Provided information regarding possible continuation of the program after the grant period ends.					
F. BUDGET (15 POINTS)					
1. Line item budget complete and totals correctly.					
2. Are the cost estimates adequately explained or justified?					
3. Is the budget reasonable in relationship to the objectives?					

APPLICANT/COMMUNITY NAME: _____
 APPLICATION TITLE: _____ APPLICATION # _____

TOBACCO SETTLEMENT COMMISSION COMMUNITY GRANTS:
 Optimizing the Health of Arkansans
ARKANSAS TOBACCO SETTLEMENT COMMISSION
EVALUATION OF GRANT APPLICATIONS – FY 2004

G. SUPPLEMENTARY INFORMATION (5 POINTS)					
1. Does the supplementary information add merit to the application?					
H. BONUS--DIVERSITY (5 POINTS)					
1. Does this project serve an array of racial and ethnic groups from urban and rural areas in Arkansas?					
TOTAL (Each column)					
TOTAL EVALUATION SCORE (130 points possible)					

STRENGTHS:

WEAKNESSES:

RECOMMENDATIONS:

☐ **FUND**

☐ **FUND WITH REVISIONS**

☐ **DO NOT FUND**

APPENDIX H. APPLICATION CHECKLIST

Please complete this checklist and mail it with your application.

Applicant/Community Name: _____

Project Title: _____

Project Director: _____

LETTER OF INTENT TO APPLY *(must be received by January 30, 2004)* _____

GRANT APPLICATION

1. Cover Page:

- a. All blocks completed _____
- b. Signed by (1) Project Director and _____
(2) Institutional Authority _____

2. Table of Contents _____

3. Project Abstract - All items completed _____

4. Project Narrative:

- a. Does not exceed length guidelines _____

5. Budget Summary

- a. Signed by (1) Project Director and _____
(2) Institutional Authority _____
- b. Detailed budget narrative provided _____

6. Action Plan/Schedule of Activities _____

7. Letters of Support _____

8. Certificate of Assurance

- a. Signed by Institutional Authority _____

9. Proof of 501(c)(3) IRS Designation (if applicable) _____

10. Institutional Audit Report (if available) _____

11. All pages numbered _____

12. Original plus three unbound copies _____

13. All material forwarded in a single package to address provided _____